Affidavit of Displacement
(For Use Only by Households Displaced by Hurricane Katrina)
(To be completed by adult household members only)

Development Name Under penalty of perjury, I certify that I am an individual displaced because of damage to my home located in a county/parish designated for Individual Assistance by FEMA as a result of Hurricane Katrina. 1. Tenant Name Prior Address Social Security Number 2. Tenant Name Prior Address Social Security Number 3. Tenant Name Prior Address Social Security Number 4. Tenant Name Prior Address Social Security Number The undersigned further states that the information presented in this certification is true and accurate to the best of their knowledge and understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in termination of a lease agreement. Signature of Tenant 1. 2. 3. 4. Printed Name of Tenant Date Temporary Housing Period Shall Nextended September 1, 2006 Temporary Occupancy Began: Temporary Housing Period Shall Nextended September 1, 2006 I certify that the occupancy dates stated immediately above are true and accurate. This affidence is a finite or many controlled that the occupancy dates stated immediately above are true and accurate. This affidence is a finite or many controlled and accurate. This affidence is a finite or many controlled that the occupancy dates stated immediately above are true and accurate. This affidence is a finite or many controlled that the occupancy dates stated immediately above are true and accurate. This affidence is a finite or many controlled that the occupancy dates stated immediately above are true and accurate.	
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shall be retained by the owner as part of tenant documentation for at least 6 years after the date (with extensions) for filing the federal income tax return for the applicable years.	
Signature of Owner/Agent Printed Name of Owner/Representative Da	Date